Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST ALLARD DRIVE FACILITY

LOCATION: 200 ALLARD DRIVE

MANCHESTER, NH 03103

NHR053138 001-IW PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 10/04/2015 09/30/2016

DMR Mailing ZIP CODE: 03103

MINOR

Impaired Water External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved percent saturation	SAMPLE MEASUREMENT	****	****	*****	****	****	5.2	%		Annual	Grab
00301 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. MAXIMUM	%		Annual	Grab
рН	SAMPLE MEASUREMENT	****	****	****	*****	****	7.4	SU		Annual	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. MAXIMUM	SU		Annual	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	****	****	****	*****	****	.18	mg/L		Quarterly	Grab
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnell properly gather and evaluate the information submitted. Based on my inquiry of the	Richard Carmosino	TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)233-2664)9/28/2016
TYPED OR PRINTED	and imprisonment of the and imprisonment of Mowing Violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST ALLARD DRIVE FACILITY

LOCATION: 200 ALLARD DRIVE

MANCHESTER, NH 03103

 NHR053138
 001-LA

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 07/01/2016
 09/30/2016

DMR Mailing ZIP CODE: 03103

MINOR

Lead: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUAN	TITY OR LOADII	VG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	****	*****	****	****	.18	mg/L	1	Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	****	.014 MAXIMUM	mg/L		Quarterly	Grab

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowling violations.	Richard Carmosino	TELEPI	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)23	3-2664)9/28/2016
TYPED OR PRINTED	and matter, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST ALLARD DRIVE FACILITY

LOCATION: 200 ALLARD DRIVE

MANCHESTER, NH 03103

NHR053138	001 - N1
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
07/01/2016	09/30/2016

DMR Mailing ZIP CODE:

03103

MINOR

Scrap Recycling and Waste Recycling Facilit

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	****	*****	*****	200	mg/L	1	Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	****	****	****	****	11	mg/L	1	Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	*****	****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	****	****	****	****	3.1	mg/L	1	Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	****	****	****	****	320	mg/L	1	Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	****	120 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Richard Carmosino	TELEPI	HONE	DATE
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TYPED OR PRINTED	and imprisonment to knowing the possionity of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

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ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST ALLARD DRIVE FACILITY

LOCATION: 200 ALLARD DRIVE

MANCHESTER, NH 03103

 NHR053138
 001-UA

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 07/01/2016
 09/30/2016

DMR Mailing ZIP CODE: 03103

MINOR

Copper: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUANTITY OR LOADING			Ql	JALITY OR CON	CENTRATION			FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	****	*****	*****	****	.28	ug/L	1	Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	3.8 MAXIMUM	ug/L		Quarterly	Grab

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowling violations.	Richard Carmosino	TELEPI	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)23	3-2664)9/28/2016
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FACILITY: SCHNITZER NORTHEAST ALLARD DRIVE FACILITY

LOCATION: 200 ALLARD DRIVE

MANCHESTER, NH 03103

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 001-ZA

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 07/01/2016
 09/30/2016

DMR Mailing ZIP CODE: 03103

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUANTITY OR LOADING			Ql	JALITY OR CON	CENTRATION			FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	****	****	.93	mg/L	1	Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Richard Carmosino	TELEPI	HONE	DATE
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ADDRESS: 69 Rover Street Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST ALLARD DRIVE FACILITY

LOCATION: 200 ALLARD DRIVE

MANCHESTER, NH 03103

DMR Mailing ZIP CODE: 03103

MINOR

Lead: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUANTITY OR LOADING			Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	****	*****	*****	*****	NODI E				
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	.014 MAXIMUM	mg/L		Quarterly	Grab

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Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST ALLARD DRIVE FACILITY

LOCATION: 200 ALLARD DRIVE

MANCHESTER, NH 03103

 NHR053138
 001-N1

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 10/01/2016
 12/31/2016

DMR Mailing ZIP CODE:

03103

MINOR

Scrap Recycling and Waste Recycling Facilit

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	****	*****	****	NODI E				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI E				
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI E				
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	****	****	****	****	NODI E				
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	120 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnell properly gather and evaluate the information submitted. Based on my inquiry of the	I Richard Carmosino	TELEPI	HONE	DATE
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LOCATION: 200 ALLARD DRIVE

MANCHESTER, NH 03103

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PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD
MM/DD/YYYY MM/DD/YYYY
10/01/2016 12/31/2016

DMR Mailing ZIP CODE: 03103

MINOR

Copper: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUAN	ITITY OR LOADING		Ql	JALITY OR CON	CENTRATION			FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	*****	****	****	NODI E				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	*****	3.8 MAXIMUM	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Richard Carmosino	TELEPI	HONE	DATE
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TYPED OR PRINTED	and imprisonment to knowing the possionity of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: 'SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST ALLARD DRIVE FACILITY

LOCATION: 200 ALLARD DRIVE

MANCHESTER, NH 03103

DMR Mailing ZIP CODE: 03103

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

	1AUQ		TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION			FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	*****	****	*****	*****	****	NODI E				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	I Richard Carmosino	TELEP	DATE	
		person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)23	3-2664)1/24/201
Ì	TYPED OR PRINTED	anomation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: 'SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST ALLARD DRIVE FACILITY

LOCATION: 200 ALLARD DRIVE

MANCHESTER, NH 03103

 NHR053138
 001-LA

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 01/01/2017
 03/31/2017

DMR Mailing ZIP CODE: 03103

9

MINOR

Lead: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUANTITY OR LOADING			Ql	JALITY OR CON	CENTRATION			FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	****	*****	****	****	.023	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.014 MAXIMUM	mg/L		Quarterly	Grab

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Richard Carmosino	TELEP	DATE	
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TYPED OR PRINTED	allorination, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' SCHNITZER NORTHEAST

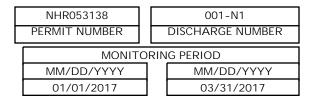
ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST ALLARD DRIVE FACILITY

LOCATION: 200 ALLARD DRIVE

MANCHESTER, NH 03103



DMR Mailing ZIP CODE:

03103

MINOR

Scrap Recycling and Waste Recycling Facilit

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	47	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	****	****	****	****	2.6	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	****	*****	*****	****	.63	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	****	****	****	****	51	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	****	120 MAXIMUM	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Richard Carmosino	TELEPI	HONE	DATE
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FACILITY: SCHNITZER NORTHEAST ALLARD DRIVE FACILITY

LOCATION: 200 ALLARD DRIVE

MANCHESTER, NH 03103

DMR Mailing ZIP CODE: 03103

MINOR

Copper: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUANTITY OR LOADING			Ql	QUALITY OR CONCENTRATION				FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	****	*****	*****	****	.028	mg/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	3.8 MAXIMUM	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel reports rather and evaluate the information submitted. Based on my inquiry of the	Richard Carmosino	TELEPI	HONE	DATE
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FACILITY: SCHNITZER NORTHEAST ALLARD DRIVE FACILITY

LOCATION: 200 ALLARD DRIVE

MANCHESTER, NH 03103

DMR Mailing ZIP CODE: 03103

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	*****	*****	.4	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Richard Carmosino	TELEP	HONE	DATE
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FACILITY: SCHNITZER NORTHEAST ALLARD DRIVE FACILITY

LOCATION: 200 ALLARD DRIVE

MANCHESTER, NH 03103

NHR053138 001-LA PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 04/01/2017 06/30/2017

DMR Mailing ZIP CODE:

MINOR

03103

Lead: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	****	*****	****	****	.062	mg/L	1	Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	*****	.014 MAXIMUM	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified weersonnel properly atther and evaluate the information submitted. Based on my inquiry of the	Richard Carmosino	TELEPI	HONE	DATE
	personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(781)87	3-1667)8/03/201
TYPED OR PRINTED	amorniador, medding the possionity of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: 'SCHNITZER NORTHEAST

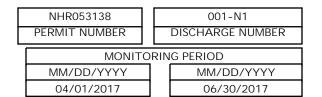
ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST ALLARD DRIVE FACILITY

LOCATION: 200 ALLARD DRIVE

MANCHESTER, NH 03103



DMR Mailing ZIP CODE: 03103

MINOR

Scrap Recycling and Waste Recycling Facilit

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	****	*****	*****	52	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	****	****	****	****	3.5	mg/L	1	Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	****	*****	*****	****	.85	mg/L	1	Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	****	****	*****	*****	100	mg/L	1	Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	****	120 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Richard Carmosino	TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(781)873	3-1667)8/03/201
TYPED OR PRINTED	amorniation, moreoning the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '` SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST ALLARD DRIVE FACILITY

LOCATION: 200 ALLARD DRIVE

MANCHESTER, NH 03103

 NHR053138
 001-UA

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 04/01/2017
 06/30/2017

DMR Mailing ZIP CODE:

MINOR

03103

Copper: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	*****	*****	*****	.058	mg/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	*****	*****	3.8 MAXIMUM	ug/L		Quarterly	Grab

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Richard Carmosino	TELEPI	DATE	
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Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST ALLARD DRIVE FACILITY

LOCATION: 200 ALLARD DRIVE

MANCHESTER, NH 03103

 NHR053138
 001-ZA

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 04/01/2017
 06/30/2017

DMR Mailing ZIP CODE: 03103

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

	QUANTITY OR LOADING			Ql	JALITY OR CON	CENTRATION			FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	****	****	.87	mg/L	1	Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Richard Carmosino	TELEPI	HONE	DATE
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TYPED OR PRINTED	and materia, including the possibility of thic and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST ALLARD DRIVE FACILITY

LOCATION: 200 ALLARD DRIVE

MANCHESTER, NH 03103

 NHR053138
 001-IW

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 10/01/2016
 09/30/2017

DMR Mailing ZIP CODE: 03103

MINOR

Impaired Water External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved percent saturation	SAMPLE MEASUREMENT	****	****	*****	****	****	5.2	%		Annual	Grab
00301 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. MAXIMUM	%		Annual	Grab
рН	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	7.4	SU		Annual	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. MAXIMUM	SU		Annual	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	****	****	*****	****	****	3.1	mg/L		Annual	Grab
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified wersonnel properly qather and evaluate the information submitted. Based on my inquiry of the	Richard Carmosino	TELEPI	HONE	DATE
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TYPED OR PRINTED	anomation, including the possibility of thic and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST ALLARD DRIVE FACILITY

LOCATION: 200 ALLARD DRIVE

MANCHESTER, NH 03103

 NHR053138
 001-LA

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 07/01/2017
 09/30/2017

DMR Mailing ZIP CODE: 03103

MINOR

Lead: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION			FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	****	*****	****	****	NODI C				
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	.014 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified wersonnel properly qather and evaluate the information submitted. Based on my inquiry of the	Richard Carmosino	TELEPI	HONE	DATE
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TYPED OR PRINTED	anomation, including the possibility of thic and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) No qualifying rain event

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST ALLARD DRIVE FACILITY

LOCATION: 200 ALLARD DRIVE

MANCHESTER, NH 03103

NHR053138	001-N1
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MONIT MM/DD/YYYY	ORING PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE: 03103

MINOR

Scrap Recycling and Waste Recycling Facilit

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI C				
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	*****	****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI C				
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	****	****	****	****	NODI C				
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	120 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified wersonnel properly qather and evaluate the information submitted. Based on my inquiry of the	Richard Carmosino	TELEPI	HONE	DATE
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TYPED OR PRINTED	anomation, including the possibility of thic and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No qualifying rain event

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '` SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST ALLARD DRIVE FACILITY

LOCATION: 200 ALLARD DRIVE

MANCHESTER, NH 03103

DMR Mailing ZIP CODE:

03103

MINOR

Copper: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	*****	****	*****	NODI C				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	*****	*****	3.8 MAXIMUM	ug/L		Quarterly	Grab

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Ī	TYPED OR PRINTED	anomaton, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) No qualifying rain event

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST ALLARD DRIVE FACILITY

LOCATION: 200 ALLARD DRIVE

MANCHESTER, NH 03103

DMR Mailing ZIP CODE: 03103

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION			FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	****	****	NODI C				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

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TYPED OR PRINTED	anto measur, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

 ${\tt COMMENTS} \ {\tt AND} \ {\tt EXPLANATION} \ {\tt OF} \ {\tt ANY} \ {\tt VIOLATIONS} \ ({\tt Reference} \ {\tt all} \ {\tt attachments} \ {\tt here})$

No qualifying rain event

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '` SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST ALLARD DRIVE FACILITY

LOCATION: 200 ALLARD DRIVE

MANCHESTER, NH 03103

DMR Mailing ZIP CODE: 03103

MINOR

Lead: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION			FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	****	*****	****	****	.058	mg/L	1	Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	*****	.014 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Richard Carmosino	TELEPI	HONE	DATE
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TYPED OR PRINTED	and imprisonment to knowing the possionity of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST ALLARD DRIVE FACILITY

LOCATION: 200 ALLARD DRIVE

MANCHESTER, NH 03103

NHR053138	001-N1
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MONIT	ORING PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE: 03103

MINOR

Scrap Recycling and Waste Recycling Facilit

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	****	*****	****	50	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	****	****	****	****	4.1	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	****	****	*****	****	1.3	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	****	****	****	****	120	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	120 MAXIMUM	mg/L		Quarterly	Grab

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TYPED OR PRINTED	and matter, metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: 'SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST ALLARD DRIVE FACILITY

LOCATION: 200 ALLARD DRIVE

MANCHESTER, NH 03103

 NHR053138
 001-UA

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 10/01/2017
 MM/DD/YYYY

 12/31/2017

DMR Mailing ZIP CODE: 03103

MINOR

Copper: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUAN	TITY OR LOADII	VG	Ql	JALITY OR CON	CENTRATION		NO.		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	*****	****	****	.083	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	****	3.8 MAXIMUM	ug/L		Quarterly	Grab

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Ì	TYPED OR PRINTED	anomation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST ALLARD DRIVE FACILITY

LOCATION: 200 ALLARD DRIVE

MANCHESTER, NH 03103

 NHR053138
 001-ZA

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 10/01/2017
 MM/DD/YYYY

 12/31/2017

DMR Mailing ZIP CODE: 03103

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	QUALITY OR CONCENTRATION				FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	****	****	.47	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly agite and evaluate the information submitted. Based on my inquiry of the	Richard Carmosino	TELEPI	HONE	DATE
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TYPED OR PRINTED	information, including the possibility of fine and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '` SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST ALLARD DRIVE FACILITY

LOCATION: 200 ALLARD DRIVE

MANCHESTER, NH 03103

DMR Mailing ZIP CODE: 03103

MINOR

Lead: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUANTITY OR LOADING			Ql	JALITY OR CON	CENTRATION			FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	****	*****	****	****	.032	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	.014 MAXIMUM	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Richard Carmosino	TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(781)87	3-1667)2/07/2018
TYPED OR PRINTED	and matter, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' SCHNITZER NORTHEAST

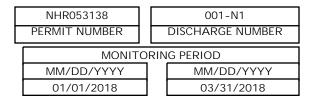
ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST ALLARD DRIVE FACILITY

LOCATION: 200 ALLARD DRIVE

MANCHESTER, NH 03103



DMR Mailing ZIP CODE:

03103

MINOR

Scrap Recycling and Waste Recycling Facilit

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	****	*****	*****	63	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	****	****	*****	****	4.6	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	****	****	*****	****	1.8	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	****	****	****	****	180	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	120 MAXIMUM	mg/L		Quarterly	Grab

		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Richard Carmosino	TELEPI	HONE	DATE
		person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(781)87:	3-1667)2/07/2018
Ì	TYPED OR PRINTED	anomaton, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: 'SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST ALLARD DRIVE FACILITY

LOCATION: 200 ALLARD DRIVE

MANCHESTER, NH 03103

 NHR053138
 001-UA

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 01/01/2018
 03/31/2018

DMR Mailing ZIP CODE: 03103

MINOR

Copper: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUANTITY OR LOADING			Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	*****	****	****	.11	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	3.8 MAXIMUM	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified wersonnel properly qather and evaluate the information submitted. Based on my inquiry of the	Richard Carmosino	TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(781)873-1667)2/07/2018
TYPED OR PRINTED	errormation, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST ALLARD DRIVE FACILITY

LOCATION: 200 ALLARD DRIVE

MANCHESTER, NH 03103

 NHR053138
 001-ZA

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 01/01/2018
 03/31/2018

DMR Mailing ZIP CODE: 03103

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	*****	****	*****	****	****	.33	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the	Richard Carmosino	TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(781)87	3-1667)2/07/2018
TYPED OR PRINTED	anomation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST ALLARD DRIVE FACILITY

LOCATION: 200 ALLARD DRIVE

MANCHESTER, NH 03103

NHR053138 001-LA PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 04/01/2018 06/30/2018

DMR Mailing ZIP CODE:

03103

MINOR

Lead: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	****	*****	****	****	.031	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	.014 MAXIMUM	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	I (aarv Raddatz	TELEP	DATE	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)702-2583)7/31/2018
TYPED OR PRINTED	arromation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' SCHNITZER NORTHEAST

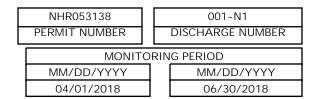
ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST ALLARD DRIVE FACILITY

LOCATION: 200 ALLARD DRIVE

MANCHESTER, NH 03103



DMR Mailing ZIP CODE: MINOR

03103

Scrap Recycling and Waste Recycling Facilit

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	77	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	****	****	****	****	2.6	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	****	*****	****	****	.65	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	****	****	*****	****	150	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	120 MAXIMUM	mg/L		Quarterly	Grab

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)702-2583)7/31/2018
TYPED OR PRINTED	arromation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST ALLARD DRIVE FACILITY

LOCATION: 200 ALLARD DRIVE

MANCHESTER, NH 03103

DMR Mailing ZIP CODE: 03103

MINOR

Copper: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	****	*****	*****	****	87	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	3.8 MAXIMUM	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	L Gary Raddatz	TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)702	2-2583)7/31/2018
TYPED OR PRINTED	errormation, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: 'SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST ALLARD DRIVE FACILITY

LOCATION: 200 ALLARD DRIVE

MANCHESTER, NH 03103

 NHR053138
 001-ZA

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 04/01/2018
 06/30/2018

DMR Mailing ZIP CODE: 03103

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

	QUANTITY OR LOADING			Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	*****	****	.69	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	I (3rV Raddatz	TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)702	2-2583)7/31/2018
TYPED OR PRINTED	anomation, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: 'SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST ALLARD DRIVE FACILITY

LOCATION: 200 ALLARD DRIVE

MANCHESTER, NH 03103

 NHR053138
 001-IW

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 10/01/2017
 MM/DD/YYYY

 001-IW
 MM/DD/YYYY

 001-IW
 MM/DD/YYYY

 09/30/2018

DMR Mailing ZIP CODE: 03103

MINOR

Impaired Water External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved percent saturation	SAMPLE MEASUREMENT	****	*****	*****	****	*****	36	%		Annual	Grab
00301 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. MAXIMUM	%		Annual	Grab
рН	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	7.43	SU		Annual	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. MAXIMUM	SU		Annual	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	****	****	*****	****	****	.47	mg/L		Annual	Grab
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Gary Raddatz	TELEPHONE		DATE
Managan		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(603)702-2583		2/10/2018
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST ALLARD DRIVE FACILITY

LOCATION: 200 ALLARD DRIVE

MANCHESTER, NH 03103

NHR053138 001-LA PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 07/01/2018 09/30/2018

DMR Mailing ZIP CODE:

03103

MINOR

Lead: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

	QUANTITY OR LOADING		QUALITY OR CONCENTRATION			NO.	FREQUENCY	SAMPLE			
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	****	*****	****	****	.027	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	*****	****	.014 MAXIMUM	mg/L		Quarterly	Grab

	Conception of the control of the con	Gary Rannatz	TELEPHONE		DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(603)702-2583		0/31/2018
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149
FACILITY: SCHNITZER NORTHEAST ALLARD DRIVE FACILITY

LOCATION: 200 ALLARD DRIVE

MANCHESTER, NH 03103

NHR053138	001-N1
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
07/01/2018	09/30/2018

DMR Mailing ZIP CODE: 03103

MINOR

Scrap Recycling and Waste Recycling Facilit

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	*****	23	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	****	****	****	****	2.7	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	****	*****	****	****	.47	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	****	****	****	****	160	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	****	120 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Gary Rannatz	TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)702	2-2583	0/31/2018
TYPED OR PRINTED	anomation, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST ALLARD DRIVE FACILITY

LOCATION: 200 ALLARD DRIVE

MANCHESTER, NH 03103

DMR Mailing ZIP CODE: 03103

MINOR

Copper: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUANTITY OR LOADING			Ql	JALITY OR CON	CENTRATION			FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	*****	****	****	45	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	3.8 MAXIMUM	ug/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, and complete a management of the thorac are significant population for publishing false.	Gary Raddatz	TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)70	2-2583	0/31/2018
TYPED OR PRINTED	amornation, moleculary the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '` SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST ALLARD DRIVE FACILITY

LOCATION: 200 ALLARD DRIVE

MANCHESTER, NH 03103

DMR Mailing ZIP CODE: 03103

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

	QUANTITY OR LOADING			Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	*****	****	.25	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Gary Rannatz	TELEPI	HONE	DATE
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TYPED OR PRINTED	anomation, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: 'SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST ALLARD DRIVE FACILITY

LOCATION: 200 ALLARD DRIVE

MANCHESTER, NH 03103

DMR Mailing ZIP CODE: 03103

MINOR

Lead: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUANTITY OR LOADING			Ql	JALITY OR CON	CENTRATION			FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	****	*****	****	****	NODI E				
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	.014 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnell properly gather and evaluate the information submitted. Based on my inquiry of the	L Gary Raddatz	TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)702	2-2583)3/11/2019
TYPED OR PRINTED	and imprisonment of the and imprisonment of Mowing Violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: SCHNITZER NORTHEAST

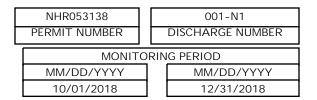
ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST ALLARD DRIVE FACILITY

LOCATION: 200 ALLARD DRIVE

MANCHESTER, NH 03103



DMR Mailing ZIP CODE: 03103

MINOR

Scrap Recycling and Waste Recycling Facilit

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	****	****	NODI E				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	****	****	****	****	NODI E				
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	****	*****	****	****	NODI E				
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	****	****	****	****	NODI E				
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	120 MAXIMUM	mg/L		Quarterly	Grab

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	L Gary Raddatz	TELEPI	HONE	DATE
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TYPED OR PRINTED	anomaton, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: 'SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST ALLARD DRIVE FACILITY

LOCATION: 200 ALLARD DRIVE

MANCHESTER, NH 03103

 NHR053138
 001-UA

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 10/01/2018
 12/31/2018

DMR Mailing ZIP CODE: 03103

MINOR

Copper: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUANTITY OR LOADING			Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI E				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	*****	*****	3.8 MAXIMUM	ug/L		Quarterly	Grab

		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Gary Raddatz	TELEPI	HONE	DATE
		person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)702	2-2583)3/11/2019
Ī	TYPED OR PRINTED	anto maton, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST ALLARD DRIVE FACILITY

LOCATION: 200 ALLARD DRIVE

MANCHESTER, NH 03103

DMR Mailing ZIP CODE: 03103

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUAN	NTITY OR LOADING		Ql	JALITY OR CON	CENTRATION			FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	****	****	NODI E				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	I (aarv Raddatz	TELEP	DATE	
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TYPED OR PRINTED	arromation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT		NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '` SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST ALLARD DRIVE FACILITY

LOCATION: 200 ALLARD DRIVE

MANCHESTER, NH 03103

 NHR053138
 001-LA

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 01/01/2019
 03/31/2019

DMR Mailing ZIP CODE: 03103

9

MINOR

Lead: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

	QUANTITY OR LOADING			Ql	JALITY OR CON	CENTRATION		NO.		SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	****	*****	*****	****	.13	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	*****	*****	.014 MAXIMUM	mg/L		Quarterly	Grab

		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	I (aarv Raddatz	TELEP	HONE	DATE
		person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)70	2-2583)5/31/2019
Ì	TYPED OR PRINTED	anomation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' SCHNITZER NORTHEAST

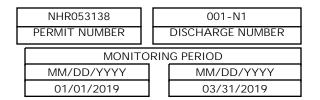
ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST ALLARD DRIVE FACILITY

LOCATION: 200 ALLARD DRIVE

MANCHESTER, NH 03103



DMR Mailing ZIP CODE:

03103

MINOR

Scrap Recycling and Waste Recycling Facilit

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	170	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	****	****	****	****	13	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	*****	****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	****	****	*****	****	4.3	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	****	****	*****	*****	350	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	****	120 MAXIMUM	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	L Gary Raddatz	TELEPI	HONE	DATE
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TYPED OR PRINTED	anomator, including the positionty of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST ALLARD DRIVE FACILITY

LOCATION: 200 ALLARD DRIVE

MANCHESTER, NH 03103

 NHR053138
 001-UA

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 01/01/2019
 03/31/2019

DMR Mailing ZIP CODE: 03103

MINOR

Copper: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

	QUANTITY OR		TITY OR LOADII	OR LOADING QUA		JALITY OR CON	CENTRATION			FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	*****	****	****	.22	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	3.8 MAXIMUM	ug/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the	I (aarv Raddatz	TELEP	HONE	DATE
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TYPED OR PRINTED	amormation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST ALLARD DRIVE FACILITY

LOCATION: 200 ALLARD DRIVE

MANCHESTER, NH 03103

NHR053138 001-ZA PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 01/01/2019 03/31/2019

DMR Mailing ZIP CODE:

03103

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

MINOR

No Discharge

	QUANTITY OR LOADING			QI	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	*****	****	.61	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the	I (aarv Raddatz	TELEP	HONE	DATE
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TYPED OR PRINTED	anto metaon, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: 'SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST ALLARD DRIVE FACILITY

LOCATION: 200 ALLARD DRIVE

MANCHESTER, NH 03103

DMR Mailing ZIP CODE: 03103

MINOR

Lead: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

	QUANTITY OR LOADING			Ql	JALITY OR CON	CENTRATION			FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	****	*****	****	****	.14	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	.014 MAXIMUM	mg/L		Quarterly	Grab

l .	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, submitted is, to the best of my knowledge and belief, frue, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	L Gary Raddatz	TELEPI	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)702)8/29/2019	
TYPED OR PRINTED	and matter, meating the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST ALLARD DRIVE FACILITY

LOCATION: 200 ALLARD DRIVE

MANCHESTER, NH 03103

NHR053138 001-N1 PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 04/01/2019 06/30/2019

DMR Mailing ZIP CODE: 03103

MINOR

Scrap Recycling and Waste Recycling Facilit

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	****	*****	*****	78	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	****	****	*****	****	7.2	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	****	*****	****	****	2	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	****	****	*****	****	330	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	120 MAXIMUM	mg/L		Quarterly	Grab

l .	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, submitted is, to the best of my knowledge and belief, frue, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	L Gary Raddatz	TELEPI	HONE	DATE
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TYPED OR PRINTED	and matter, meating the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: 'SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST ALLARD DRIVE FACILITY

LOCATION: 200 ALLARD DRIVE

MANCHESTER, NH 03103

DMR Mailing ZIP CODE: 03103

MINOR

Copper: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	*****	****	*****	.14	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	*****	*****	3.8 MAXIMUM	ug/L		Quarterly	Grab

		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	L Gary Raddatz	TELEP	HONE	DATE
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Ī	TYPED OR PRINTED	anomaton, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '` SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST ALLARD DRIVE FACILITY

LOCATION: 200 ALLARD DRIVE

MANCHESTER, NH 03103

DMR Mailing ZIP CODE: 03103

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	****	****	.88	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the	I (aarv Raddatz	TELEP	HONE	DATE
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TYPED OR PRINTED	anto metaon, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST ALLARD DRIVE FACILITY

LOCATION: 200 ALLARD DRIVE

MANCHESTER, NH 03103

NHR053138 001-IW PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 10/01/2018 09/30/2019

DMR Mailing ZIP CODE:

03103

MINOR

Impaired Water External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved percent saturation	SAMPLE MEASUREMENT	****	****	*****	****	****	20	%		Annual	Grab
00301 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	*****	Req. Mon. MAXIMUM	%		Annual	Grab
рН	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	7.36	SU		Annual	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. MAXIMUM	SU		Annual	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	****	****	*****	****	****	.42	mg/L		Annual	Grab
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnell properly gather and evaluate the information submitted. Based on my inquiry of the	I (aarv Raddatz	TELEPI	HONE	DATE
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TYPED OR PRINTED	and materia, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149
FACILITY: SCHNITZER NORTHEAST ALLARD DRIVE FACILITY

LOCATION: 200 ALLARD DRIVE

MANCHESTER, NH 03103

 NHR053138
 001-LA

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 07/01/2019
 09/30/2019

DMR Mailing ZIP CODE: 03103

MINOR

Lead: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

	QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	****	*****	****	****	.027	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	*****	.014 MAXIMUM	mg/L		Quarterly	Grab

	ER I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Gary Raddatz	TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)70	2-2583	1/26/2019
TYPED OR PRINTED	anto measur, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' SCHNITZER NORTHEAST

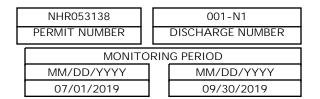
ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST ALLARD DRIVE FACILITY

LOCATION: 200 ALLARD DRIVE

MANCHESTER, NH 03103



DMR Mailing ZIP CODE: 03103

MINOR

Scrap Recycling and Waste Recycling Facilit

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	****	*****	*****	58	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	****	****	****	****	3.5	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	****	****	****	****	.42	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	****	****	****	****	150	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	120 MAXIMUM	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	I Gary Raddatz	TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)702	2-2583	1/26/2019
TYPED OR PRINTED	anomator, including the positionty of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST ALLARD DRIVE FACILITY

LOCATION: 200 ALLARD DRIVE

MANCHESTER, NH 03103

 NHR053138
 001-UA

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 07/01/2019
 09/30/2019

DMR Mailing ZIP CODE: 03103

MINOR

Copper: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

	QUANTITY OR LOADING			Ql	JALITY OR CON	CENTRATION			FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	*****	****	****	48	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	*****	3.8 MAXIMUM	ug/L		Quarterly	Grab

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NÄME: 'SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST ALLARD DRIVE FACILITY

LOCATION: 200 ALLARD DRIVE

MANCHESTER, NH 03103

 NHR053138
 001-ZA

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 07/01/2019
 09/30/2019

DMR Mailing ZIP CODE: 03103

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUANTITY OR LOADING			Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	*****	****	.18	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	*****	****	.04 MAXIMUM	mg/L		Quarterly	Grab

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Ì	TYPED OR PRINTED	anomaton, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '` SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST ALLARD DRIVE FACILITY

LOCATION: 200 ALLARD DRIVE

MANCHESTER, NH 03103

NHR053138 001-LA
PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY MM/DD/YYYY

10/01/2019 12/31/2019

DMR Mailing ZIP CODE: 03103

MINOR

Lead: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUANTITY OR LOADING			Ql	JALITY OR CON	CENTRATION			FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	****	*****	****	****	NODI 8				
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	.014 MAXIMUM	mg/L		Quarterly	Grab

l .	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	L Gary Raddatz	TELEPI	HONE	DATE
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TYPED OR PRINTED	anomaton, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: SCHNITZER NORTHEAST

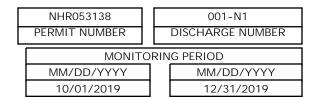
ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST ALLARD DRIVE FACILITY

LOCATION: 200 ALLARD DRIVE

MANCHESTER, NH 03103



DMR Mailing ZIP CODE: 03103

MINOR

Scrap Recycling and Waste Recycling Facilit

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	QI	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	****	NODI 8				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	****	****	*****	*****	NODI 8				
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	****	****	*****	*****	NODI 8				
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	****	****	****	****	NODI 8				
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	120 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Gary Raddatz	TELEPI	HONE	DATE
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TYPED OR PRINTED	an or matter, meloung the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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NÄME: '\ SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST ALLARD DRIVE FACILITY

LOCATION: 200 ALLARD DRIVE

MANCHESTER, NH 03103

 NHR053138
 001-UA

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 10/01/2019
 MM/DD/YYYY

 12/31/2019

DMR Mailing ZIP CODE: 03103

MINOR

Copper: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	*****	****	*****	NODI 8				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	*****	*****	3.8 MAXIMUM	ug/L		Quarterly	Grab

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Γ	TYPED OR PRINTED	anomation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST ALLARD DRIVE FACILITY

LOCATION: 200 ALLARD DRIVE

MANCHESTER, NH 03103

DMR Mailing ZIP CODE: 03103

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUANTITY OR LOADING			Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI 8				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	*****	****	.04 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnell properly gather and evaluate the information submitted. Based on my inquiry of the	I (3arv Raddatz	TELEPI	HONE	DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: 'SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST ALLARD DRIVE FACILITY

LOCATION: 200 ALLARD DRIVE

MANCHESTER, NH 03103

 NHR053138
 001-LA

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 01/01/2020
 03/31/2020

DMR Mailing ZIP CODE: 03103

MINOR

Lead: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION			FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	****	*****	****	****	NODI Z				
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	.014 MAXIMUM	mg/L		Quarterly	Grab

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Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST ALLARD DRIVE FACILITY

LOCATION: 200 ALLARD DRIVE

MANCHESTER, NH 03103

NHR053138 001-N1 PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 01/01/2020 03/31/2020

DMR Mailing ZIP CODE:

03103

MINOR

Scrap Recycling and Waste Recycling Facilit

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	QI	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI Z				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI Z				
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	****	*****	*****	*****	NODI Z				
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	****	****	****	****	NODI Z				
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	120 MAXIMUM	mg/L		Quarterly	Grab

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MANCHESTER, NH 03103

 NHR053138
 001-UA

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 01/01/2020
 03/31/2020

DMR Mailing ZIP CODE:

)

03103

MINOR

Copper: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUAN	TITY OR LOADII	VG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI Z				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	*****	*****	3.8 MAXIMUM	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Gary Rannatz	TELEPI	HONE	DATE
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MANCHESTER, NH 03103

NHR053138 001-ZA
PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY MM/DD/YYYY

01/01/2020 03/31/2020

DMR Mailing ZIP CODE: 03103

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION			FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI Z				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: SCHNITZER NORTHEAST

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Everett, MA 02149
FACILITY: SCHNITZER NORTHEAST ALLARD DRIVE FACILITY

LOCATION: 200 ALLARD DRIVE

MANCHESTER, NH 03103

DMR Mailing ZIP CODE: 03103

MINOR

Lead: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION			FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	****	*****	****	****	NODI F				
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	.014 MAXIMUM	mg/L		Quarterly	Grab

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LOCATION: 200 ALLARD DRIVE

MANCHESTER, NH 03103

NHR053138	001-N1
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	PRING PERIOD
MM/DD/YYYY	MM/DD/YYYY
04/01/2020	06/30/2020

DMR Mailing ZIP CODE: 03103

MINOR

Scrap Recycling and Waste Recycling Facilit

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	QI	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI F				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	****	****	****	****	NODI F				
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI F				
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	****	****	****	****	NODI F				
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	120 MAXIMUM	mg/L		Quarterly	Grab

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TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST ALLARD DRIVE FACILITY

LOCATION: 200 ALLARD DRIVE

MANCHESTER, NH 03103

 NHR053138
 001-UA

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 04/01/2020
 06/30/2020

DMR Mailing ZIP CODE:

03103

MINOR

Copper: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUANTITY OR LOADING			Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	*****	****	****	NODI F				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	*****	*****	3.8 MAXIMUM	ug/L		Quarterly	Grab

l .	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	L Gary Raddatz	TELEPI	HONE	DATE
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TYPED OR PRINTED	and matter, meating the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

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ADDRESS: 69 Rover Street Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST ALLARD DRIVE FACILITY

LOCATION: 200 ALLARD DRIVE

MANCHESTER, NH 03103

DMR Mailing ZIP CODE: 03103

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUANTITY OR LOADING			Ql	JALITY OR CON	CENTRATION			FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI F				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	I (aarv Raddatz	TELEP	HONE	DATE
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Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST ALLARD DRIVE FACILITY

LOCATION: 200 ALLARD DRIVE

MANCHESTER, NH 03103

NHR053138 001-IW PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 10/01/2019 09/30/2020

DMR Mailing ZIP CODE:

03103

MINOR

Impaired Water External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved percent saturation	SAMPLE MEASUREMENT	****	****	*****	****	****	NODI E				
00301 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	*****	Req. Mon. MAXIMUM	%		Annual	Grab
рН	SAMPLE MEASUREMENT	*****	****	****	*****	****	NODI E				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. MAXIMUM	SU		Annual	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	****	****	*****	****	****	.79	mg/L		Annual	Grab
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	L Gary Raddatz	TELEPI	HONE	DATE
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TYPED OR PRINTED	amornation, moleculary the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST ALLARD DRIVE FACILITY

LOCATION: 200 ALLARD DRIVE

MANCHESTER, NH 03103

NHR053138 001-LA PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 07/01/2020 09/30/2020

DMR Mailing ZIP CODE: 03103

MINOR

Lead: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUANTITY OR LOADING			Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	****	*****	****	****	.045	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	*****	*****	.014 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnell properly gather and evaluate the information submitted. Based on my inquiry of the	I (3arv Raddatz	TELEPI	HONE	DATE
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TYPED OR PRINTED	and material including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST ALLARD DRIVE FACILITY

LOCATION: 200 ALLARD DRIVE

MANCHESTER, NH 03103

NHR053138	001-N1
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	DRING PERIOD
MM/DD/YYYY	MM/DD/YYYY
07/01/2020	09/30/2020

DMR Mailing ZIP CODE: 03103

MINOR

Scrap Recycling and Waste Recycling Facilit

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	57	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	****	****	****	****	4.2	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	****	****	*****	****	.79	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	****	****	*****	****	190	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	120 MAXIMUM	mg/L		Quarterly	Grab

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TYPED OR PRINTED	and matter, metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST ALLARD DRIVE FACILITY

LOCATION: 200 ALLARD DRIVE

MANCHESTER, NH 03103

 NHR053138
 001-UA

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 07/01/2020
 09/30/2020

DMR Mailing ZIP CODE: 03103

MINOR

Copper: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUANTITY OR LOADING			Ql	JALITY OR CON	CENTRATION			FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	*****	****	****	.38	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	3.8 MAXIMUM	ug/L		Quarterly	Grab

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

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ADDRESS: 69 Rover Street Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST ALLARD DRIVE FACILITY

LOCATION: 200 ALLARD DRIVE

MANCHESTER, NH 03103

 NHR053138
 001-ZA

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 07/01/2020
 09/30/2020

DMR Mailing ZIP CODE: 03103

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION			FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	****	****	.57	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	****	.04 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnell properly gather and evaluate the information submitted. Based on my inquiry of the	Gary Raddatz	TELEPI	HONE	DATE
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TYPED OR PRINTED	and imprisonment of the and imprisonment of Mowing Violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

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ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST ALLARD DRIVE FACILITY

LOCATION: 200 ALLARD DRIVE

MANCHESTER, NH 03103

NHR053138 001-LA
PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY MM/DD/YYYY

10/01/2020 12/31/2020

DMR Mailing ZIP CODE: 03103

MINOR

Lead: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUAN	TITY OR LOADII	VG	Ql	JALITY OR CON	CENTRATION			FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	****	*****	****	****	.48	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	.014 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnell properly gather and evaluate the information submitted. Based on my inquiry of the	I Gary Raddatz	TELEPI	HONE	DATE
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Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: SCHNITZER NORTHEAST

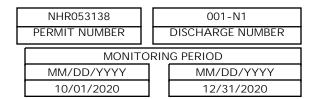
ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST ALLARD DRIVE FACILITY

LOCATION: 200 ALLARD DRIVE

MANCHESTER, NH 03103



DMR Mailing ZIP CODE: 03103

,

MINOR

Scrap Recycling and Waste Recycling Facilit

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	****	*****	*****	720	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	****	****	****	****	56	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	****	****	*****	****	12	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	****	****	****	****	630	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	120 MAXIMUM	mg/L		Quarterly	Grab

N	IAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Gary Raddatz	TELEP	DATE	
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Г	TYPED OR PRINTED	amorniador, including the possibility of thie and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST ALLARD DRIVE FACILITY

LOCATION: 200 ALLARD DRIVE

MANCHESTER, NH 03103

NHR053138 001-UA
PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD
MM/DD/YYYY MM/DD/YYYY
10/01/2020 12/31/2020

DMR Mailing ZIP CODE: 03103

MINOR

Copper: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	*****	*****	****	730	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	*****	*****	3.8 MAXIMUM	ug/L		Quarterly	Grab

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TYPED OR PRINTED	anto metaon, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST ALLARD DRIVE FACILITY

LOCATION: 200 ALLARD DRIVE

MANCHESTER, NH 03103

NHR053138 001-ZA
PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD
MM/DD/YYYY MM/DD/YYYY
10/01/2020 12/31/2020

DMR Mailing ZIP CODE: 03103

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION			FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	****	****	4.6	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	****	.04 MAXIMUM	mg/L		Quarterly	Grab

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)70	2-2583)2/01/202
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: 'SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST ALLARD DRIVE FACILITY

LOCATION: 200 ALLARD DRIVE

MANCHESTER, NH 03103

 NHR053138
 001-LA

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 01/01/2021
 03/31/2021

DMR Mailing ZIP CODE: 03103

MINOR

Lead: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION			FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	****	*****	****	****	.26	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	.014 MAXIMUM	mg/L		Quarterly	Grab

I	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Gary Raddatz	TELEP	HONE	DATE
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TYPED OR PRINTED	amormation, measuring the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST ALLARD DRIVE FACILITY

LOCATION: 200 ALLARD DRIVE

MANCHESTER, NH 03103

NHR053138 001-N1 PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 03/31/2021 01/01/2021

DMR Mailing ZIP CODE:

03103

MINOR

Scrap Recycling and Waste Recycling Facilit

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	*****	****	****	*****	*****	300	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	****	****	****	****	20	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	****	*****	****	****	6.6	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	****	****	****	****	340	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	120 MAXIMUM	mg/L		Quarterly	Grab

I	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Gary Raddatz	TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)70	2-2583)5/17/202
TYPED OR PRINTED	amormation, measuring the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST ALLARD DRIVE FACILITY

LOCATION: 200 ALLARD DRIVE

MANCHESTER, NH 03103

NHR053138 001-UA PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 03/31/2021 01/01/2021

DMR Mailing ZIP CODE:

03103

MINOR

Copper: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	****	*****	****	****	370	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	*****	****	3.8 MAXIMUM	ug/L		Quarterly	Grab

	certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am warer that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Gary Raddatz	TELEP	DATE	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)70	2-2583)5/17/202
TYPED OR PRINTED	amornation, moleculary the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: 'SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST ALLARD DRIVE FACILITY

LOCATION: 200 ALLARD DRIVE

MANCHESTER, NH 03103

DMR Mailing ZIP CODE: 03103

MINOR

Zinc: Water Hardness 0-24.99 mg/l

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION			FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	****	*****	****	****	1.7	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

l .	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	L Gary Raddatz	TELEPI	TELEPHONE		
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)702	2-2583)5/17/202	
TYPED OR PRINTED	and matter, meating the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY	